



Board of County Commissioners Agenda Request

2L
Agenda Item #

Requested Meeting Date: December 20, 2022

Title of Item: Personnel Committee Recommendations

<input type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
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Submitted by: Brittany Searle	Department: Administration
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Presenter (Name and Title):	Estimated Time Needed: 5
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Summary of Issue:

Mike Arnold's term with the Aitkin Airport Commission is up in 2022. Attached is Mike's application for review. Recommendation to approve Mike Arnold's application for reappointment to the Aitkin Airport Commission for another term.

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:
Recommendation to approve Mike Arnold's Reappointment to the Aitkin Airport Commission.

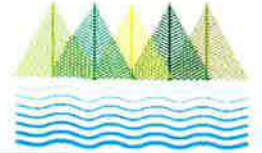
Financial Impact:

Is there a cost associated with this request? Yes No

What is the total cost, with tax and shipping? \$

Is this budgeted? Yes No *Please Explain:*

MINNESOTA OPEN APPOINTMENT ACT



**APPLICATION FOR SERVICE ON A
CITY/COUNTY/STATE AGENCY**

FOR OFFICE USE ONLY	
Date Appointed:	
Date of Term Expiration:	
Term #	

NAME OF COMMISSION, BOARD OR COMMITTEE YOU WISH TO SERVE ON:

AITKIN AIRPORT COMMISSION

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

WOULD LIKE TO CONTINUE WORKING ON IMPROVING THE AIRPORT. I BELIEVE MY 17 YEARS OF EXPERIENCE IN AIRPORT OPERATIONS IS HELPFUL.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Signature of Applicant

12-9-22

Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes No

Is this application submitted at the suggestion of appointing authority? Yes No

**Please return application to the City of Aitkin Administration Office, located at
130 Southgate Dr. – Suite 200, Aitkin, MN 56431**

APPLICANT INFORMATION	
Name of Applicant: <i>Michael Arnold</i>	Phone: <i>218-839-4947</i>
Street Address: <i>40978 340th Lane</i>	Alt. Phone:
City/State/Zip: <i>Aitkin, MN 56431</i>	Email: <i>mwarnold1@charter.net</i>